

This is a repository copy of *Clergy in Place in England : Bias to the Poor or Inverse Care Law?*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/115205/>

Version: Accepted Version

Article:

Hirst, Michael Anthony (2017) *Clergy in Place in England : Bias to the Poor or Inverse Care Law?* Population, Space and Place. e2068. ISSN 1544-8452

<https://doi.org/10.1002/psp.2068>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Clergy in Place in England: Bias to the Poor or Inverse Care Law?

Michael Hirst
Social Policy Research Unit
University of York
Heslington
YORK
YO10 5DD
England
Email: mh1@york.ac.uk

ABSTRACT

Faith traditions frequently proclaim priority for the poor and socially marginalised, emphasising individual and collective responsibility towards those in poverty. Ordained ministers or clergy – possibly the main investment of religious organisations – play a key role in encouraging and fulfilling that commitment in their local settings. This paper considers the availability of clergy to provide pastoral care in areas of high socio-economic deprivation. Data from the 2011 census of England are used to correlate area variations in the number of clergy with household and neighbourhood deprivation. Findings show that clergy are distributed inversely to socio-economic deprivation at the ecological level. Fewer clergy are available or readily accessible in the most deprived areas, raising questions about their ability to respond pastorally and act politically on behalf of the poor. Market forces that draw clergy deployments towards less deprived areas warrant further investigation.

Keywords: deprivation; inequality; social care; religion; north-south divide; census

This is the accepted version of the following article: Hirst, M. Clergy in place in England: Bias to the poor or inverse care law? *Population, Space and Place*, 2017, which has been published in final form at <https://doi.org/10.1002/psp.2068>

This article may be used for non-commercial purposes in accordance with the Wiley Self-Archiving Policy <http://olabout.wiley.com/WileyCDA/Section/id-828039.html>

INTRODUCTION

Pastoral care is a key constituent of religious ministry and the demands of that role are an important consideration in the deployment of clergy. The size and composition of local congregations for which clergy are responsible form part of such considerations; the pastoral needs of the wider community may also be taken into account. The Church of England, for instance, operates a parish system that includes a responsibility for the whole population in a locality. Other denominations and faith traditions, similarly, assume pastoral responsibilities that often extend beyond their core membership and regular adherents. These responsibilities may address practical and spiritual needs associated with, among other things: mental health, social isolation, terminal illness, financial difficulties, bereavement, relationship breakdown, and homelessness (Francis *et al.*, 2000). The pastoral role of some clergy may include local schools and colleges, hospitals and hospices, as well as community groups based in premises associated with places of worship.

Perhaps the most widespread pastoral need arises in the context of death, dying and bereavement. It is estimated that 70 per cent of the 452 000 funerals in England in 2011 were conducted by Christian clergy, with the Church of England accounting for a third of the total (Brierley Consultancy, 2013; ONS, 2013a). Constituents of grieving, such as fear, anger, guilt and reconstruction of identity, may lead to considerable demand for emotional support and practical advice (Parkes, 1996). Researchers use a range of multipliers to gauge the number of people significantly affected by a death and one such estimate suggests up to four people per death experience intense and disruptive emotions of grief (Prigerson *et al.*, 2008).

In various ways, therefore, clergy contribute through their pastoral role to the health and well-being of individuals, households and communities, yet quantitative assessment of what they actually provide and its effectiveness are lacking. A separate question, and the focus of this paper, is access to clergy-led pastoral care. Such support is essentially free at the point of use,¹ so access depends on availability of clergy at local or community level.

The ubiquity of pastoral needs might mean that clergy deployments and their pastoral responsibilities would simply reflect the population distribution within the areas where religious organisations maintain a presence. However, most faith traditions proclaim priority for the poor and socially marginalised. The Abrahamic faiths – Judaism, Christianity, and Islam – draw on a common heritage of justice, dignity, liberty and responsibility for the poor and the oppressed (Sachs, 2003). Roman Catholic teaching upholds a ‘preferential option for the poor’, a principle developed within the liberation theology movement of the mid-20th century (Gutiérrez, 1973). Caring for the poor has been a core tenet of Islam from the outset and Muslims are expected to use their wealth to help the poor (Senturk, 2007). One of the priorities of the Methodist Church in Britain is ‘supporting community development and action for justice, especially among the most deprived and poor – in Britain and worldwide’ (Methodist Church, 2004). Both the Church of England and the Church of Scotland have identified disadvantaged urban areas as priorities for social action, and aim to target ministerial and financial resources accordingly (Commission on Urban Life and Faith, 2006; Church of Scotland, 2010). On a global stage, religious and

1. This would be the case when providing bereavement support and marriage guidance for example, although fees may be charged for conducting a funeral or marriage ceremony.

spiritual leaders from the many faith traditions world-wide shared a commitment at the Millennium World Peace Summit to tackling poverty and the widening inequalities between and within countries (United Nations, 2000).

Self-proclaimed solidarity with the poor – backed by doctrine, scriptures and tradition – might be expected to align clergy appointments with marginalised communities and deprived areas. The aim of this paper is to investigate whether the availability of clergy is skewed towards areas of high socio-economic deprivation. In the next section, the study design is described: outlining sources of data, measures of deprivation and pastoral needs, and analytical techniques. The paper then moves on to present the main findings followed by discussion of results, conclusions and directions for further research.

METHODS

The analysis is based on census data aggregated to local authority areas describing the number of clergy in relation to sub-groups in the population that might present particular pastoral care needs. Area variations in the availability of clergy are then assessed against levels of socio-economic deprivation. The study relates to England during the early years of the twenty-first century.

Data

Socio-economic deprivation was measured at household and neighbourhood levels. The neighbourhood *Index of Multiple Deprivation* (IMD) combines 38 measures of income poverty, educational disadvantage, poor health, housing barriers, crime and other indicators of unmet needs due to limited resources and lack of opportunity; most indicators relate to 2008 (McLennan *et al.*, 2011). The index provides an aggregate measure of deprivation across all its domains. Although some deprived people live in the least deprived areas and not everyone in a deprived area is disadvantaged, the index identifies localities where multiple deprivations accumulate. Areas of high socio-economic deprivation are associated with loss of self-worth, poverty of resources and broken relationships (Church Urban Fund, 2011). Area-based measures of deprivation are also good predictors of individuals' health, financial position, educational attainment, and life expectancy, and are used to determine insurance premiums, credit ratings and annuity rates (ONS, 2012: 3-7).

The IMD has been calculated for 32 482 Lower layer Super Output Areas (LSOAs) in England. LSOAs divide the country into small areas of similar size, each containing around 1 500 people. For this analysis, the proportion of each local authority's LSOAs in the most deprived fifth of the national distribution is used as a measure of neighbourhood deprivation. The IMD has been updated since this study commenced with new indicators covering the years 2012/13 (DCLG, 2015). Changes in the pattern of greatest deprivation, however, are small and unlikely to alter the conclusions drawn here. Comparison of the two indexes shows that 'The absence of any notable changes in rank among the most deprived local authority districts is of interest as this indicates areas that have been persistently most deprived' (*ibid.*, 13).

The household measure of deprivation is based on four indicators derived from the 2011 census describing households whose members were out of paid work, lacked educational qualifications, presented poor health or impairment, and lived in inadequate or overcrowded

housing (Wathan *et al.*, 2004). The proportion of households deprived in two or more of these dimensions is used to represent household deprivation in local authority areas.²

The number of clergy in each local authority area refers to usually resident individuals in paid employment who identified themselves in the 2011 census as engaged in religious ministry.³ The 2010 Standard Occupational Classification category for clergy (no. 2444) covers all faith groups but excludes military chaplains as well as religious leaders who are not ordained according to their faith tradition or otherwise licensed to take pastoral charge (ONS, 2014). To represent access to pastoral care, the number of clergy is related to the total population of each area and separately to the number of people with limiting long-term illness, providing unpaid care, aged 75 and over, and living in residential care or nursing homes; the number of lone parent households; and the number of families with dependent children.⁴ These population sub-groups were selected to represent a range of pastoral care needs. The number of clergy is also related to registered deaths and live births in 2011 (ONS, 2013a, b).

Although a question about religious affiliation was included in the 2011 census, the analysis examines the availability of all clergy to the whole population rather than within particular faith groups. There are two reasons: first, the tick box responses on the census form do not differentiate denominations within Christianity which formed the largest religion in England (59 per cent).⁵ Secondly, the census question (repeated from 2001) provides no adequate or meaningful way of measuring religiosity or theological sensibilities in the population (Voas and Bruce, 2004). It is also recognised that some people may not want to take personal concerns to clergy because they profess no religious belief or identity, or for ethno-cultural reasons. It is assumed, therefore, that motivation or confidence in approaching clergy about a pastoral issue does not vary systematically with relative deprivation. Further investigation of religious affiliation is considered in the Discussion.

Analysis

Pearson correlation coefficients (r) were calculated to examine the relationship between area variations in the availability of clergy and neighbourhood and household deprivation. Findings are reported for two geographical scales: 88 county, unitary authority and metropolitan areas; and 324 counties, London boroughs, unitary authorities and districts.⁶ Using differently sized

2. Census measures of household deprivation were sourced from statistics for local authorities in England and Wales (QS119EW):

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-data-catalogue/key-and-quick-statistics/index.html>

3. The census count of clergy was sourced from a commissioned table on occupational statistics (Labour Market CT0347):

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-data-catalogue/commissioned-tables/index.html>

4. Census data on population sub-groups were sourced from statistics for local authorities in England and Wales (KS102EW, KS107EW, KS301EW, QS118EW, QS419EW): see Footnote 2.

5. The next largest response categories were 'No Religion' (25 per cent), 'Religion not stated' (7 per cent) and Muslim (5 per cent). Census data on religion were sourced from statistics for local authorities in England and Wales (KS209EW): see Footnote 2.

6. To avoid small population counts, Hackney and the City of London were combined, as were Cornwall and the Isles of Scilly.

areas aimed to test sensitivity of the findings to the potential for cross-border commuting which could reduce area variations in clergy availability. Ecclesiastical territories (*e.g.* parishes and dioceses in the Roman Catholic and Anglican traditions) might minimise that influence but census data are not readily available for such units and other faith groups and denominations have each developed their own sub-national frameworks, often unrelated to local authority areas.

Inspection of scatterplots charting clergy availability against deprivation indicated that most bivariate distributions were good approximations to ‘normality’. Excluding outliers or transforming skewed variables generally produced stronger correlation coefficients. Nonetheless, it was decided to report for descriptive purposes only the more conservative estimates based on untransformed data.

Further analysis considered differences in clergy availability across a ‘north-south’ divide which is widely used to represent a marked social, economic and political divide in Britain (Dorling, 2015: 329). Areas lying west and north of the counties of Gloucestershire, Warwickshire, Leicestershire and Lincolnshire (the Severn-Humber divide) are designated ‘north’; those counties and areas to the east and south are designated ‘south’. Mean values for the availability of clergy and levels of deprivation were compared across this north-south divide using independent sample *t*-tests. All statistics were assessed for two-tailed significance.

The correlation coefficient between neighbourhood and household deprivation is 0.91 across the 88 areas and 0.86 across the 324 areas described above, indicating that combinations of individual characteristics associated with deprivation within households complement area measures of multiple deprivation ($p < 0.001$).

FINDINGS

According to the 2011 census, 32 649 clergy were usually resident in England and in paid employment during the week before the enumeration. That figure produces an estimated 5.73 clergy per 10,000 people on average: a rate that varies from 3.13 to 8.92 across 88 county, unitary authority and metropolitan areas (standard deviation 1.18, median 5.66). Comparable statistics across the 324 areas are: mean 6.12, median 5.89, standard deviation 1.79, range 2.76 to 14.31.

Figure 1 plots the 88 areas according to availability of clergy and proportion of deprived households. Points are broadly scattered across this chart; overall however the number of clergy per head of population decreases with increasing household deprivation. The correlation coefficient is -0.44 indicating a moderate statistical association ($p < 0.001$).

[Figure 1 about here – see page 18]

The regression line shown in Figure 1 plots the average relationship between clergy availability and household deprivation: points far removed from this line identify areas that may contradict the overall tendency. Outliers towards the top right-hand corner of the chart (standardised residual > 1.5) identify urban areas (*e.g.* Blackburn, Leicester, London) with high proportions of deprived households and high concentrations of clergy, most likely associated with a diversity of faith communities, cathedrals and religious administration. Outliers towards the bottom left-hand corner (< -1.5) identify areas where population growth and economic

development associated with financial services and high technology industries have outstripped the provision of clergy in less deprived areas (*e.g.* Bracknell Forest, Swindon, Telford).

Table 1 shows comparable correlations for population sub-groups at the two geographical scales described above for both household and neighbourhood deprivation. Across most measures of clergy availability, the relationship with deprivation is negative and unlikely to have occurred by chance ($p < 0.05$). Correlation coefficients are generally weaker in relation to levels of deprivation at the neighbourhood rather than household level, and at the larger geographical scale. The limited availability of clergy to lone parents, people with limiting long-term illness and unpaid carers in deprived areas compared with less deprived areas, is more marked than their availability to the population in general. There is a small but statistically significant correlation ($r = 0.25$) indicating that the availability of clergy to elderly people aged 75 and over increases with neighbourhood deprivation when variations across 324 areas are examined. This positive correlation is largely attributable to the presence of clergy in some inner London boroughs with high levels of multiple deprivation and culturally diverse residents with a younger age profile than the general population (*e.g.* Hackney, Newham, Tower Hamlets). Otherwise the relationship between deprivation and the availability of clergy for elderly people living in the community or in institutional care is weak and not significant. There is no firm evidence that the distribution of clergy is skewed towards elderly people living in deprived areas.

[Table 1 about here – see page 16]

Comparison of correlation coefficients in Table 1 suggests further lines of inquiry. Findings show, for example, that the number of clergy to lone parent households is more strongly aligned, albeit negatively, with deprivation levels than the number of clergy to all families with dependent children. That contrast might indicate that the availability of clergy to two parent families with dependent children does not vary inversely with relative deprivation. Similarly, the contrasting availability of clergy to people reporting limiting long-term illness and to people aged 75 and over, many of whom may be frail or disabled, might point to severely limited availability of clergy in deprived areas to people under pension age with chronic health problems and impairments.

Table 2 confirms that the experience of deprivation is more widespread in the north of England than in the south. Although most urban centres, including London, and some rural districts contain pockets of deprivation, there are marked concentrations of multiple deprivation in the conurbations and metropolitan areas of the North East, North West, West Midlands, Yorkshire and the Humber – regions that have witnessed sustained decline in heavy industry, manufacturing and mining sectors (McLennan *et al.*, 2011: 58f). In contrast, more clergy are found in the south and their availability for the population sub-groups considered here is, in most cases, significantly higher in the south. Where people are living in deprived circumstances in the north and likely to present needs for pastoral support, there are fewer clergy per head.

[Table 2 about here – see page 17]

DISCUSSION

Findings indicate that fewer clergy are available to provide pastoral care in the most deprived areas of England while less deprived areas have better access to clergy. Generally speaking, where the likelihood of people presenting pastoral care needs increases, at least as measured here, the less likely are clergy available to provide support: clergy-led pastoral care is not provided on the basis of need at the ecological level. The relationship holds for different geographical scales and different measures of deprivation, and is unlikely to have occurred by chance. The relationship also holds across a north-south divide: more clergy are available in the south of England where pastoral needs associated with socio-economic deprivation are less prevalent.

The census data enumerate clergy in their usual place of residence not their place of work and it may be that disparities in availability are reduced by clergy serving populations in areas more deprived than the one in which they live. Findings did not, however, lead to different inferences across the geographical scales used. Relatively self-contained areas where most people live and work (Coombes and ONS, 2015) would likely replicate the findings as clergy journeys to work are thought to be quite short. Clergy are generally stationed near their pastoral responsibilities, often within the same locality or local authority. They are unlikely to live in less deprived areas of southern England and commute to deprived northern metropolitan areas. Similarly, cross-border commuting is probably insufficient to remove or reverse the observed disparities in clergy availability at the smaller scale of counties, unitary authorities and metropolitan areas ($n=88$).

Nonetheless, the extent to which clergy live in less deprived areas and work in more deprived areas requires further investigation. In large cities, for example, some clergy may live in affluent outer suburbs and minister to people in deprived inner-city neighbourhoods. Such arrangements would question religious commitment to solidarity with the poor. Social anthropologists and ethnographers have long recognised that one way to understand and relate to a culture is to move into it and live it, engaging with its social forms and meanings from the point of view of local participants (Hammersley and Atkinson, 2007). Similarly, listening to individuals' experiences, understanding how their needs are linked to those of communities and engaging with the social system in a locality are key components of the social action approach to community development and community-based social work (Somerville, 2011; Teater and Baldwin, 2012). Religious understanding, too, recognises that maintaining a presence in deprived neighbourhoods positions clergy as stakeholders with an authentic voice in what happens there (Rumsey, 2001). Living and working alongside people builds mutual understanding and meaningful relationships especially when based on shared experience of a place and its influence on the lives of those who live there (Holman, 1997, 1998).

Disparities in clergy availability do not mean that people in the most deprived areas cannot access clergy; nor do they mean that clergy in less deprived areas do not reach people from deprived backgrounds; nor do they mean that clergy in less deprived areas are not busy and have little to do. Clergy are often part of wider, collaborative approaches to pastoral provision: encouraging the role and contribution of lay people as pastoral visitors and confidants, and fostering the development of support groups and social projects (Church Urban Fund, 2013).

Some clergy work with faith-based organisations which have long provided services for disadvantaged or vulnerable groups including drug and alcohol rehabilitation, support for homeless people, and emergency food aid (Johnsen with Fitzpatrick, 2009; Lambie-Mumford *et al.*, 2014). There may be more than enough pastoral need everywhere and not enough clergy anywhere. However, the presence of clergy skewed towards less deprived areas points to a 'substantive inequality' meaning that communities are differently served by religious organisations according to differences in their socio-economic and material living conditions (Hay, 1995).

The findings can be summarised as an inverse pastoral care law: the availability of clergy-led pastoral care varies inversely with the more intensive and more frequent pastoral care needs associated with low income and lack of material resources. Fewer clergy are available or readily accessible to provide pastoral care in the most deprived areas.

There are parallels here with the inverse care law proposed by Julian Tudor Hart (1971: 405) which states: 'The availability of good medical care tends to vary inversely with the need for it in the population served'. Hart was reviewing the state of medical care scarcely 20 years after the establishment of the British National Health Service which aimed to provide comprehensive services at the local level and tackle inequalities in healthcare provision. Numerous studies since Hart's review have reported inverse care laws across a range of medical services and health care settings (Chew-Graham *et al.*, 2002; McLean *et al.*, 2006; Mercer and Watt, 2007; Pell *et al.*, 2000; Stirling *et al.*, 2001; Webb, 1998; Williams, *et al.*, 2004).

The common factor underlying Hart's inverse care law and the inverse pastoral care law outlined here is socio-economic deprivation. Premature mortality and limiting long-term illness, key markers of unmet health need, are both strongly associated with deprivation in the UK (Acheson, 1998; The Marmot Review, 2010). Inverse care laws show that people living in areas of high socio-economic deprivation not only experience multiple disadvantage but also have poor access to medical care and to clergy-led pastoral care. Limited access and availability represent more than geographical barriers. Campbell *et al.* (2000) argue that 'accessibility' is as important a consideration as 'effectiveness' when evaluating quality of provision at the local or community level. Hart himself drew comparable conclusions from 30 years as a general medical practitioner working in a socially deprived community (Hart *et al.*, 1991). Although the findings do not point to a perfect inverse correlation between clergy availability and deprivation levels, suggesting that additional factors need to be taken into account, the correlations are similar to, or stronger than, those reported in support of an inverse law in the provision of medical care (*cf.* Shaw and Dorling, 2004).

There are two parts to Hart's proposition and he adds: 'This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced' (Hart, 1971: 405). Thus, Shaw and Dorling (2004) show that the inverse care law is stronger for healthcare professionals who are most likely to be providing privately-paid services, including general dental practitioners, chiropractors and osteopaths, than it is for general medical practitioners. The least highly paid healthcare professionals in their analysis – nurses, midwives and health visitors – were distributed roughly in proportion to area variations in poor health and limiting long-term illness. Shaw and Dorling show further that the provision

of unpaid care by relatives and friends, motivated by love, obligation, and reciprocation and largely free from market forces, was almost perfectly correlated with healthcare needs at the ecological level and pointed to a positive care law. A positive pastoral care law would be represented by a regression line in Figure 1 that linked the bottom left-hand corner and the top right-hand corner of the chart.

The second part of Hart's proposition suggests that inequalities in the availability of clergy by area are driven in part by market forces influencing the demand for and supply of clergy. On the demand side, financial resources are an important consideration at the local level (Smith *et al.*, 2007). Clergy appointments depend on the ability of congregations to contribute towards their stipend, pension, office, travel and accommodation costs – usually at rates set by the religious organisation. Some faith groups and denominations offer financial assistance to help smaller, less affluent congregations and sometimes clergy costs are shared between two or more congregations when, for example, adjacent parishes are combined into a single pastoral charge, or congregations are grouped as in the Methodist Circuit system. A few clergy are self-supporting although some may be paid out-of-pocket expenses. Where required, however, congregational contributions towards clergy costs and other expenditures, such as upkeep of places of worship, are largely voluntary. A congregation's ability to pay such costs will, in turn, reflect its size and the financial circumstances of its members and their households.

To varying degrees, therefore, the financial resources of congregations will shape the deployment of clergy. Larger or wealthier congregations with a sufficiently secure income stream are better placed, all else being equal, to meet clergy costs especially in faith traditions experiencing sustained decline in religious identity and participation (Voas and Crockett, 2005). By comparison, less financially resilient congregations will face pressures to downsize or close their premises and transfer members to nearby congregations. In such cases, mechanisms to redistribute resources to deprived areas may be inadequate, ignored or sidestepped by wealthy congregations (Atfield and Parry, 2012: 348). Taken together, such tendencies may shape the socio-economic profile of some faith groups towards congregations with mostly affluent members. Nationally representative surveys show that those attending mainstream Christian denominations are drawn disproportionately from well-educated, middle income, middle class sections of society (Clements, 2016; Sawkins *et al.*, 1997). Additionally, lay leadership roles in preaching, church administration and financial management are often filled by people from middle class backgrounds because they are more likely, than those from deprived backgrounds, to have the required skills from their secular occupations or to meet the educational criteria to undertake formal training (Paterson *et al.*, 1998).

Predominantly middle class congregations may influence the availability of, and access to, clergy in two principle ways. First, the survival of financially secure congregations and closure of those that cannot be sustained may increase concentration of viable congregations in middle class neighbourhoods, potentially reducing access to clergy and religious activities as well as pastoral care for those living some distance away in more deprived communities. That process may be reinforced by increasing segregation of the wealthy from the poor brought about by economic and geographic polarisation of the housing market (Dorling, 2015). Secondly, some places of worship in deprived areas may be financially dependent on middle income members who live further afield and use private transport to gather for religious activities and related

events. Such congregations, typical of some nonconformist Christian denominations, would not necessarily be accessible or attractive to people from the immediate locality. Educational background, middle class lifestyle and leisure pursuits of the more affluent members of a congregation may limit or prevent interpersonal relations across status and cultural boundaries (Paterson *et al.*, 1998). Moreover, when congregants are mostly non-local, religious authorities may feel there is less imperative for clergy to be housed near the places where they officiate and minister religion. That response may further separate clergy from deprived communities.

On the supply side, the deployment of clergy may be shaped by their locational preferences and family considerations. A Church of England report found that between May and November 2013, 75 clergy were looking for a parish appointment. Of these, 54 clergy (72 per cent) were seeking a position in a south-east diocese (London, Southwark, Canterbury, Rochester, Guildford, Chichester, Chelmsford, St Albans, and Oxford); by comparison, clergy posts in deprived areas of northern England attracted few candidates and took much longer to fill than those in the south (Davies, 2014; Moorhead, 2014). A general drift to the south was attributed to some Anglican clergy moving to areas where their partner could find paid employment and their children could attend good schools: both considerations might lead clergy to prefer posts in less deprived areas. Some clergy expressed a preference to be near frail elderly relatives which might produce a similar bias towards less deprived areas if their professional status reflects that of their parents' social class.

It is possible then to identify pathways for market forces that might influence the deployment of clergy and draw them towards less deprived areas but this topic is under-researched and further investigation is required. Modelling clergy deployments would need to consider a range of factors within a context of changing market shares for regular participants in faith groups and new forms of religiosity and spirituality (Woodhead and Catto, 2012). Lack of clergy bias towards elderly people in deprived areas, for example, may be attributable in part to net migration in older age groups to less deprived rural and coastal locations in southern and eastern England (Champion, 2005). Bullivant (2016) notes that some Roman Catholic congregations have been boosted by relatively youthful immigrants from eastern and southern Europe. Thus demographic change associated with ageing and migration as well as the role of historical and cultural factors, including religious diversity, participation and retention rates, are likely to be important in accounting for variations in the availability of clergy at local and regional levels. Additionally, a focus on pastoral needs and priorities, exemplified by an inverse care law, shows that clergy availability can be understood in terms of economic forces and unequal outcomes.

Comparative analysis of denominational and faith groups in Britain would increase understanding of the findings reported here. Although there is broad consensus across theological traditions and religious teaching for a 'bias to the poor' (Sheppard, 1983; Purcell and Purcell, 2016), variations in sustaining that commitment are apparent. A study of two Church of England dioceses, Birmingham and Worcester, shows that staffing levels for clergy and other pastorally trained workers are highest in parishes with the smallest proportion of people who are income deprived (Atfield and Parry, 2012). Ministers of the Methodist Church live predominantly in less deprived areas: the more deprived an area the less likely they are to live there, more so in recent years (Hirst, 2016). In contrast, Black and Pentecostal churches have become established in areas of black settlement which are often inner city deprived

neighbourhoods where traditionally British denominations were unable to maintain a presence (Kalilombe, 1997). The location of premises, lay leadership and clergy of the Nazarene Church, one of the smallest denominations in Britain, are skewed towards deprived urban areas⁷, and some independent churches focus their mission within deprived housing estates (Chester, 2012). Similarly, the Muslim population of Britain is characterised by high concentration in areas of multiple deprivation and it might be expected that mosques and Islamic clergy map onto that distribution (Peach, 2006). Further evaluation, therefore, might usefully explore the implication that the inverse pastoral care law identified here is driven largely by clergy deployments within the predominant Anglican and some mainstream nonconformist denominations.

This analysis is based on ‘active’ clergy in paid employment according to census definitions and omits the contribution of retired clergy and self-supporting or non-stipendiary clergy who recorded their secular job on the census form. Many clergy regard their profession as a lifelong calling and continue their pastoral role beyond retirement, especially when an active colleague is taken ill or goes on sabbatical. Had it been possible to take into account the pastoral role of retired and self-supporting clergy, it is not certain that observation of an inverse care law would have been overturned. Supernumerary Methodist ministers are even less likely than their active colleagues to live in deprived areas following retirement (Hirst, 2016) and non-stipendiary clergy in the Church of England are more commonly found in wealthier parishes (Atfield and Parry, 2012).

CONCLUSION

Much of the previous research on the pastoral ministry of clergy focuses on their beliefs and attitudes towards that role, self-perceived training needs, and workload implications for their health and well-being (Francis *et al.*, 2000). There is need for an agreed definition of clergy-led pastoral care and its key constituents to evaluate their contribution to social care and community well-being. This paper has examined access to clergy in local populations that present latent needs for pastoral support, charting area variations in the availability of clergy according to household and neighbourhood measures of socio-economic deprivation.

Findings show that availability of clergy-led pastoral care follows an inverse law at the ecological level. Fewer clergy are available or readily accessible to provide pastoral care in the most deprived areas of England. That inequality may be an unintended consequence of many different, uncoordinated decisions. One implication is that market forces intervene in the relationship between the need for pastoral care and its provision by religious organisations. Inverse care laws are commonplace in highly polarised societies characterised by widening inequalities. Observation of an inverse law in the provision of clergy-led pastoral care may question religious commitment to the poor and socially marginalised, and limit the ability of clergy to respond pastorally and act politically on their behalf. Mainstream faith traditions will need to target deprived communities anew to tackle avoidable inequalities in the deployment of clergy.

7. Unpublished findings available from the author.

Acknowledgments

The author wishes to express his gratitude to Revd Dr Tom Atfield and two anonymous reviewers for helpful comments on earlier versions of this article.

REFERENCES

- Acheson D. 1998. *Independent Inquiry into Inequalities in Health Report*. The Stationery Office: London.
- Atfield T, Parry J. 2012. The Poor will Always be with You: An Assessment of the Re-distribution of Resources within Two Church of England Dioceses. *Practical Theology* **5**(3): 321–339.
- Brierley Consultancy. 2013. ‘Christian’ Deaths. *FutureFirst* **28**: 2.
<http://static1.squarespace.com/static/54228e0ce4b059910e19e44e/t/54353080e4b02f8e532bad56/1412771968130/ff28.pdf>
- Bullivant S. 2016. *Contemporary Catholicism in England and Wales: A Statistical Report Based on Recent British Social Attitudes Survey Data*. Catholic Research Forum Reports No. 1, Benedict XVI Centre for Religion and Society, St Mary’s University: London.
- Campbell S, Roland M, Buetow S. 2000. Defining Quality of Care. *Social Science and Medicine* **51**(11): 1611–1625.
- Champion A. 2005. Migration's Role in Producing Regional and Local Population Ageing in England. In: *The Geographical Dimension of Population Ageing*, RGS-IBG (Royal Geographical Society with Institute of British Geographers) Annual Conference, Population Geography Research Group: London.
http://eprint.ncl.ac.uk/file_store/production/55603/991AA91D-E9F8-4F2E-A41D-F55090D6E311.pdf
- Chester T. 2012. *Unreached: Growing Churches in Working-class and Deprived Areas*. Intervarsity Press: Nottingham.
- Chew–Graham C, Mullin S, May C, Hedley S, Cole H. 2002. Managing Depression in Primary Care: Another Example of the Inverse Care Law? *Family Practice* **19**(6): 632–637.
- Church of Scotland. 2010. *Priority Areas Action Plan, January 2010*. Church of Scotland Ministries Council: Glasgow.
http://www.churchofscotland.org.uk/__data/assets/pdf_file/0014/4532/priority_action_plan_02_2010.pdf
- Church Urban Fund. 2011. *The Web of Poverty: Area-based Poverty and Exclusion in England*. Church Urban Fund: London.
- Church Urban Fund. 2013. *The Church in Action: A National Survey of Church-led Social Action*. Church Urban Fund: London.
- Clements B. 2016. Weekly Churchgoing amongst Roman Catholics in Britain: Long-Term Trends and Contemporary Analysis. *Journal of Beliefs and Values*, published online:
<http://dx.doi.org/10.1080/13617672.2016.1237422>

- Commission on Urban Life and Faith. 2006. *Faithful Cities: A Call for Celebration, Vision and Justice*. Church House Publishing: London.
- Coombes M, Office for National Statistics. 2015. *Travel to Work Areas*. Centre for Urban and Regional Development Studies, Newcastle University (RR2015/05): Newcastle upon Tyne.
- Davies M. 2014. Clergy Flock to Fill Posts in 'Wealthy' South-East. *Church Times* (7 February 2014).
<https://www.churchtimes.co.uk/articles/2014/7-february/news/uk/clergy-flock-to-fill-posts-in-wealthy-south-east>
- DCLG, Department for Communities and Local Government. 2015. *The English Indices of Deprivation 2015*. Statistical Release, Department for Communities and Local Government: London.
- Dorling D. 2015. *Injustice: Why Social Inequality Still Persists*. Policy Press: Bristol.
- Francis L, Robbins M, Kay W. 2000. *Pastoral Care Today: Practice, Problems and Priorities in Churches Today*. Crusade for World Revival: Farnham.
- Gutiérrez G. 1973. *A Theology of Liberation: History, Politics, and Salvation*. Orbis: Maryknoll, NY.
- Hammersley M, Atkinson P. 2007. *Ethnography: Principles in Practice*. Routledge: Abingdon (third edition).
- Hart J. 1971. The Inverse Care Law. *The Lancet* **297** (7696): 405–412.
- Hart J, Thomas C, Gibbons B, Edwards C, Hart M, Jones J, Jones M, Walton P. 1991. Twenty Five Years of Case Finding and Audit in a Socially Deprived Community. *British Medical Journal* **302**(6791): 1509–1513.
- Hay A. 1995. Concepts of Equity, Fairness and Justice in Geographical Studies. *Transactions, Institute of British Geographers* **20**(4): 500–508.
- Hirst M. 2016. Poverty, Place and Presence: Positioning Methodism in England, 2001 to 2011. *Theology and Ministry* **4**: 4.1–4.25. <http://www.theologyandministry.org>
- Holman R. 1997. *FARE Dealing: Neighbourhood Involvement in a Housing Scheme*. Community Development Foundation: London.
- Holman R. 1998. *Faith in the Poor: Britain's Poor Reveal What It's Really Like To Be 'Socially Excluded'*. Lion Publishing: Oxford.
- Johnsen S, with Fitzpatrick S. 2009. *The Role of Faith-Based Organisations in the Provision of Services for Homeless People*. University of York, Centre for Housing Policy: York.
- Kalilombe P. 1997. Black Christianity in Britain. *Ethnic and Racial Studies* **20**(2): 306–324.
- Lambie-Mumford H, Crossley D, Jensen E, Verbeke M, Dowler E. 2014. *Household Food Security in the UK: A Review of Food Aid*. Department for Environment, Food and Rural Affairs: London.
- McLean G, Sutton M, Guthrie B. 2006. Deprivation and Quality of Primary Care Services: Evidence for Persistence of the Inverse Care Law from the UK Quality and Outcomes Framework. *Journal of Epidemiology and Community Health* **60**(11): 917–922.

- McLennan D, Barnes H, Noble M, Davies J, Garratt E, Dibben C. 2011. *The English Indices of Deprivation 2010*. Department for Communities and Local Government: London.
- Mercer S, Watt G. 2007. The Inverse Care Law: Clinical Primary Care Encounters in Deprived and Affluent Areas of Scotland. *Annals of Family Medicine* **5**(6): 503–510.
- Methodist Church. 2004. *Priorities for the Methodist Church*. Methodist Conference 2004 Report: London.
<http://www.methodist.org.uk/downloads/conf-priorities-for-the-MC-2004.pdf>
- Moorhead J. 2014. Vicars Needed: The Church of England's Fight to Fill its Vacancies in the North. *The Guardian* (15 February 2014).
<http://www.theguardian.com/world/2014/feb/15/vicars-needed-church-england-fight>
- ONS, Office for National Statistics. 2012. *Pension Trends 2012: Life Expectancy and Healthy Ageing*. ONS: London.
- ONS, Office for National Statistics. 2013a. *Deaths Registered in UK by Area of Usual Residence, 2011*. ONS: London.
<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/vsob1/deaths-registered-area-usual-residence/2011/index.html>
- ONS, Office for National Statistics. 2013b. *Birth Summary Tables*. ONS: London.
<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk>
- ONS, Office for National Statistics. 2014. *The Standard Occupational Classification (SOC) 2010 Index, Version 3*. ONS: London.
- Parkes C. 1996. *Bereavement: Studies of Grief in Adult Life*. Routledge: London (third edition).
- Paterson N, Paterson I, Sawkins J. 1998. A Demographic, Educational and Occupational Analysis of Methodist Local Preachers in England. Heriot-Watt University, Department of Economics (Discussion Paper 98/6): Edinburgh.
- Peach C. 2006. Muslims in the 2001 Census of England and Wales: Gender and Economic Disadvantage. *Ethnic and Racial Studies* **29**(4): 629–655.
- Pell J, Pell A, Norrie J, Ford I, Cobbe S. 2000. Effect of Socio-Economic Deprivation on Waiting Time for Cardiac Surgery: Retrospective Cohort Study. *British Medical Journal* **320**(7226): 15–18.
- Prigerson H, Van Der Werker L, Maciejewski P. 2008. A Case for Inclusion of Prolonged Grief Disorder in DSM-V. In *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*, Stroebe M, Hansson R, Schut H, Stroebe W. (eds.) American Psychological Association: Washington DC, 165–186.
- Purcell L, Purcell S. (eds.) 2016. *Church of the Poor? A Call to Action for Churches in the UK*. Church Action on Poverty: Salford.
- Rumsey A. 2001. The Misplaced Priest? *Theology* **104**(2): 102–114.
- Sachs J. 2003. *The Dignity of Difference: How to Avoid the Clash of Civilizations*. Continuum: London (second edition).

- Sawkins J, Seaman P, Williams H. 1997. Church Attendance in Great Britain: An Ordered Logit Approach. *Applied Economics* **29**(2): 125–134.
- Senturk O. 2007. *Charity in Islam: a Comprehensive Guide to Zakat*. The Light Inc.: New Jersey (translated by E Atasever).
- Shaw M, Dorling D. 2004. Who Cares in England and Wales? Positive Care Law: Cross-sectional Study. *British Journal of General Practice* **54**(509): 899–903.
- Sheppard D. 1983. *Bias to the Poor*. Hodder: London.
- Smith I, Sawkins J, Mochrie R. 2007. Money, Sex and Religion: The Case of the Church of Scotland. *Scottish Journal of Political Economy* **54**(2): 195–219.
- Somerville P. 2011. *Understanding Community: Politics, Policy and Practice*. Policy Press: Bristol.
- Stirling A, Wilson P, McConnachie A. 2001. Deprivation, Psychological Distress, and Consultation Length in General Practice. *British Journal of General Practice* **51**(467): 456–460.
- Teater B, Baldwin M. 2012. *Social Work in the Community: Making a Difference*. Policy Press: Bristol.
- The Marmot Review. 2010. *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post-2010*. Institute of Health Equity: London.
- United Nations. 2000. *Commitment to Global Peace*. Millennium World Peace Summit: New York.
- <http://www.millenniumpeacesummit.org/resources/mwps/Commitment%20to%20Global%20Peace.pdf>
- Voas D, Bruce S. 2004. The 2001 Census and Christian Identification in Britain. *Journal of Contemporary Religion* **19**(1): 23–28.
- Voas D, Crockett A. 2005. Religion in Britain: Neither Believing nor Belonging. *Sociology* **39**(1): 11–28.
- Wathan J, Holdsworth C, Leeser R. 2004. Alternative Household Classifications for the 2001 Census. *Environment and Planning A* **36**(6): 1101–1123.
- Webb E. 1998. Children and the Inverse Care Law. *British Medical Journal* **316**(7144): 1588–1591.
- Williams H, White S, Senior M. 2004. On the Quality Variation of Primary Health Care Services: A Test of the ‘Inverse Care Law’ for General Practice. *Environment and Planning A* **36**(4): 701–714.
- Woodhead L, Catto R. (eds.) 2012. *Religion and Change in Modern Britain*. Routledge: Abingdon.

Table 1. Correlation of clergy availability with household and neighbourhood deprivation (*r*).

Number of clergy per ...	Household deprivation		Neighbourhood deprivation	
1 000 lone parent households	−0.714***	−0.635***	−0.695***	−0.541***
1 000 with limiting long-term illness	−0.738***	−0.579***	−0.634***	−0.380***
1 000 unpaid carers	−0.688***	−0.499***	−0.581***	−0.291***
1 000 live births	−0.527***	−0.469***	−0.576***	−0.444***
1 000 families with dependent children	−0.444***	−0.326***	−0.471***	−0.255***
10 000 people	−0.441***	−0.324***	−0.427***	−0.208***
1 000 registered deaths	−0.404***	−0.149**	−0.316**	0.047
1 000 aged 75 and over	−0.128	0.038	−0.033	0.253***
1 000 in residential care / nursing homes	0.098	0.097	−0.006	0.033
Number of areas	88	324	88	324

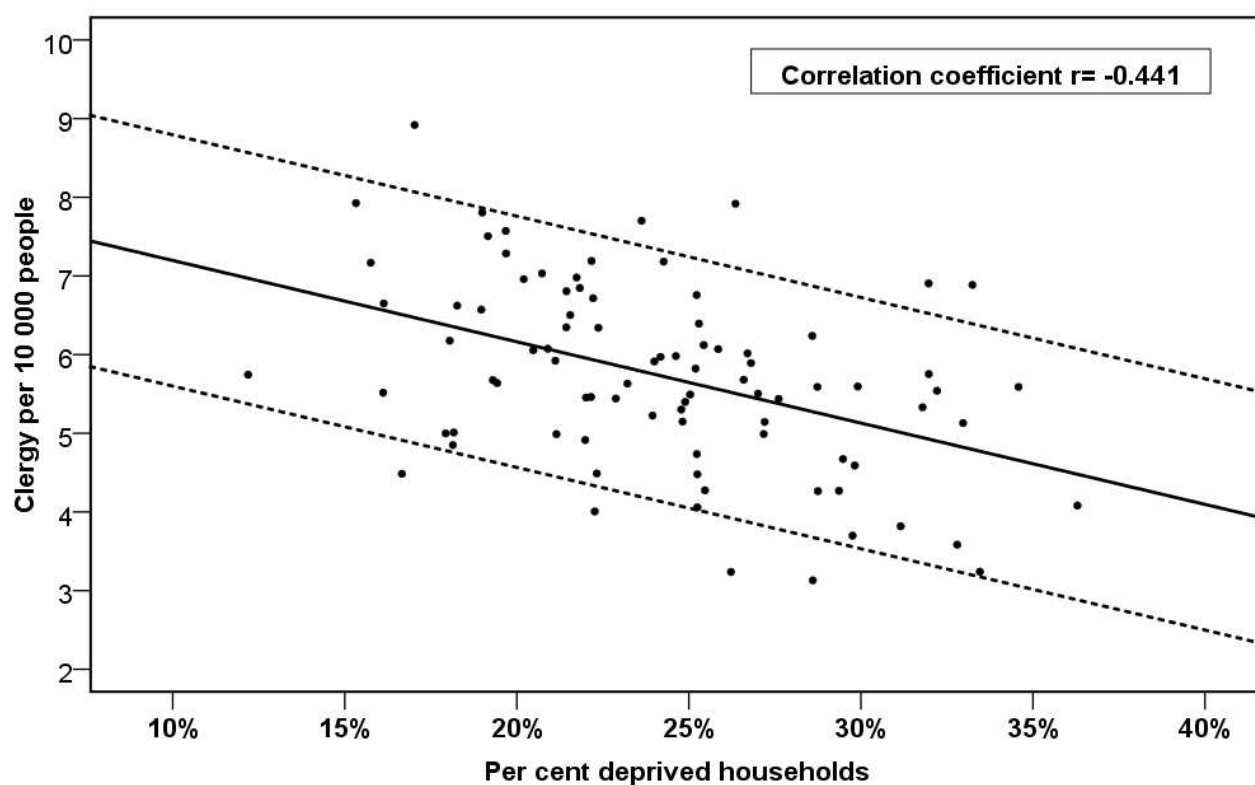
Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 2. Clergy availability and deprivation across a north-south divide (means).

Number of clergy per ...	North	South	<i>t</i> -test	North	South	<i>t</i> -test
1 000 lone parent households	17.4	23.9	$p<0.001$	19.6	26.7	$p<0.001$
1 000 with limiting long-term illness	5.5	8.5	$p<0.001$	6.0	9.3	$p<0.001$
1 000 unpaid carers	19.5	29.3	$p<0.001$	21.3	32.5	$p<0.001$
1 000 live births	44.1	49.3	<i>ns</i>	48.6	53.7	$p<0.05$
1 000 families with dependent children	2.5	2.9	$p<0.01$	2.6	3.1	$p<0.001$
10 000 people	5.2	6.1	$p<0.001$	5.5	6.5	$p<0.001$
1 000 registered deaths	55.7	73.6	$p<0.001$	58.6	81.9	$p<0.001$
1 000 aged 75 and over	6.6	7.9	$p<0.01$	6.8	8.7	$p<0.001$
1 000 in residential care / nursing homes	35.9	41.0	<i>ns</i>	45.9	52.4	$p<0.05$
Per cent deprived households	27.0	22.2	$p<0.001$	26.4	21.9	$p<0.001$
Per cent deprived neighbourhoods	27.9	10.8	$p<0.001$	24.2	9.9	$p<0.001$
Number of areas	37	51	—	114	210	—

Note: see text for definition of north-south divide; *ns* denotes not significant ($p\geq 0.05$).

Figure 1. Relationship between clergy availability and household deprivation.



Note: solid line plots the least-squares regression line; broken lines plot ± 1.5 standard errors of the estimate; $n=88$.